

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	<i>J</i>		
<b>O.I.P.E. CLASSIFIER</b>	<i>ASB</i>		
<b>FORMALITY REVIEW</b>	<i>M-L</i>	<i>110+</i>	<i>08/20/01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>CM</i>	<i>927</i>	<i>10-31-01</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓		
2	✓		
3	✓		
4	✓		
5	✓		
6	✓		
7	✓		
8	✓		
9	✓		
10	✓		
11	✓		
12	✓		
13	N		
14	N		
15	N		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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10-31-01  
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